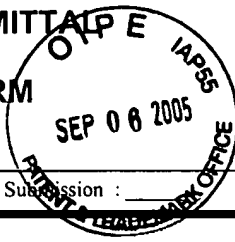


TRANSMITTAL
FORM

Application Number: 10/516,789
 Filing Date: December 3, 2004
 First Named Inventor: Norbert Fuchs
 Art Unit: 1645
 Examiner Name: Unknown
 Attorney Docket Number: SONN:063US

Total Number of Pages in this Submission : _____

ENCLOSURES (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input checked="" type="checkbox"/> Information Disclosure Statement
<input checked="" type="checkbox"/> Form PTO-1449
<input checked="" type="checkbox"/> References B1-B2, C1-C6
<input type="checkbox"/> Certified Copy of Priority Documents
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application
<input type="checkbox"/> Reply to Missing Parts/Requirements
<input type="checkbox"/> Declaration(s) 1
<input type="checkbox"/> Copy of Notice of Missing Parts/Requirements | <input type="checkbox"/> Drawings(s) _____
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address
<input type="checkbox"/> Statement under 37 CFR §3.73(b)
<input type="checkbox"/> Designation of Patent Practitioners
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Check in the amount of \$
<input checked="" type="checkbox"/> Authorized to be charged to deposit account if check insufficient or inadvertently omitted
Deposit account number: <u>50-1212/SONN:063US</u>
<input type="checkbox"/> Sequence Statement
<input type="checkbox"/> Paper Copy of Sequence Listing
<input type="checkbox"/> Computer Readable Form (CRF)
<input checked="" type="checkbox"/> Postcard
<input type="checkbox"/> _____
<input type="checkbox"/> _____ |
|---|---|--|

Remarks:

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Fulbright & Jaworski, L.L.P.	Customer Number	32425
Signature			
Printed Name	Mark B. Wilson	Reg. No.	37,259
Date	August 29, 2005		

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or Printed Name	Mark B. Wilson	Date	August 29, 2005